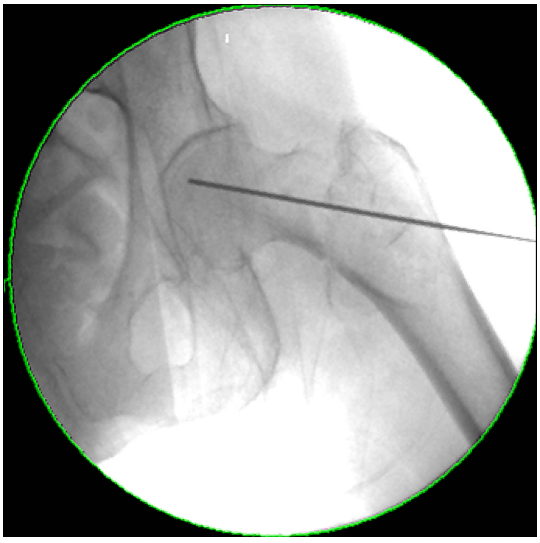

Fig. 1. Standard AP image.

appears to pass vertically makes it easier to visualise the projected direction of the guide wire.

Methods: Fifty Specialist Registrars, thirty participating in the London hip meeting 2009, ten from Oxford and ten from Northern deanery orthopaedic rotations were involved in the study. They were presented with standard AP and rotated images of the femoral neck on paper using 135 degree template to replicate the DHS guide.

The participants were asked to mark the entry point on the intertrochanteric area of femur on the image where they would have placed the guide wire. They did this on both standard AP and rotated images aiming for the centre of the head of the femur.

Results: Thirty-seven Specialist Registrars (74%) were able to accurately mark their entry point on rotated images on their first attempt as compared to eighteen trainees (36%) managing to place it correctly first time on the standard image. Thirteen trainees (26%) were able to mark their entry point correctly on both standard AP and rotated images with equal accuracy.

Conclusion: Coren et al. argue that human vision can more easily judge horizontal and vertical lines rather than oblique lines. Thus, rather than use the standard anterior–posterior projected image of the hip, we should routinely rotate the intensifier image so that the guide wire appears to be passing in a vertical direction. By rotating the image (Fig. 2) in this way it becomes significantly easier to visualise the projected direction of the guide wire and in doing so ensure its accurate final placement thereby minimising possible complications.

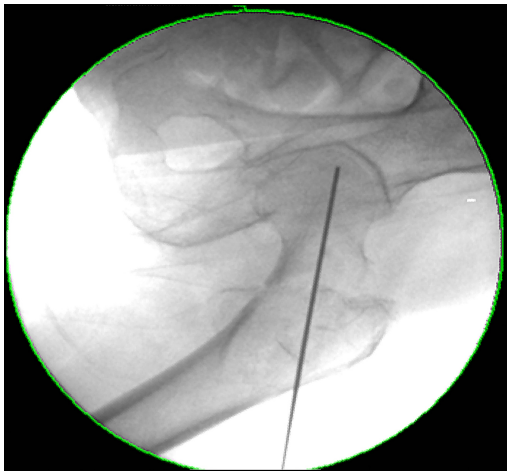

Fig. 2. Rotated image.

doi:10.1016/j.injury.2010.07.180

First time patellar dislocation in adults—consensus of management among the orthopaedic surgeons in UK

S. Aranganathan*, R. Dharmarajan

Cumberland Infirmary, Carlisle, United Kingdom

Background: Management of first-time patellar dislocations in adults has received more attention recently as it mainly affects young adults who have an active lifestyle. These injuries have greatly reduced the level of activity in this group of population. Non-operative treatment has been the traditionally accepted option. Unfortunately the outcomes have not been satisfactory. Recent studies have brought to light, the associated soft tissue injury which could be operatively treated. The results of operative treatment in terms of early recovery to an active lifestyle have been promising.

Aims and objectives: Our aim was to know the current practice among the clinicians in the UK who manage first-time patellar dislocations. We have performed a questionnaire survey gathering the opinion of one hundred orthopaedic consultants registered with the British Orthopaedic Association.

Method: We used an online questionnaire survey and emailed it to the members of the British Orthopaedic Association.

Results: This is a currently ongoing study. The present status of our survey showed that non-operative treatment has still remained the most favoured approach to the initial management among seventy percent of the surgeons. Further investigations with an MRI or diagnostic arthroscopy have been routinely used by more than eighty percent of the surgeons. Skyline views of the patella have been used after initial suspicion of associated osteochondral fractures.

Conclusion: The pathophysiology of patellar dislocation is better understood with the aid of MRI. There is a growing trend towards operative treatment. Selecting the right operation for the right patient is challenging. A randomised controlled trial of the various treatment options would aid us in analyzing the benefits and would educate about the possible pitfalls that need to be avoided.

doi:10.1016/j.injury.2010.07.181

Outcome of internal fixation of periprosthetic femoral fractures with locking compression plats

Firas Arnaout

Hereford County Hospital, United Kingdom

E-mail address: firasarnaout@doctors.org.uk.

Background: Periprosthetic fractures of the femur present a challenging problem both in terms of fracture management, and patient factors specific to this population; they are usually elderly, frail with co-morbid factors such as osteoporotic bones and other systematic diseases such as cardiovascular or respiratory problems. The treatment of periprosthetic fractures is complex and challenging and requires the skills of both trauma surgery and revision arthroplasty.

Objectives: To conduct a case notes review of patients who underwent this treatment to evaluate the outcomes. This is to complement the literature research findings to compare the local results in a District General Hospital differ from results reported in the literature.

Setting: A District General Hospital (DGH).